

CITY OF CARLISLE
NET PROFITS LICENSE FEE RETURN

Occupational License Dept.

FISCAL YEAR ENDED

Mo.	Day	Year

Important

Employer Id. or Soc. Sec. No.

Acct. No.

QUESTIONS (ANSWER FULLY)

- A. Nature of Business _____
B. Date Business Started in Carlisle _____
C. Was activity in Carlisle discontinued? Yes ☐ No ☐
D. If Organization was discontinued, state when _____
Dissolution ☐ or Sale ☐ If by Sale, Give Name and Address of Successor _____
E. Did you have employees in Carlisle in _____? Yes ☐ No ☐
F. Basis on which this Return is prepared. Cash ☐ Accrual ☐
G. Check Which: ☐ Corporation ☐ Sub-Chapter S
☐ Partnership ☐ Individual Owner ☐ Fiduciary
☐ Other (state) _____
H. Have Federal Authorities Changed the Net Income as Originally Reported for Any Prior Year? Yes ☐ No ☐
If Answer is "YES", Attach Schedule of Changes for Each Year.

PLEASE NOTIFY THIS OFFICE OF ANY CHANGE IN OWNERSHIP
OR NAME AND ADDRESS SHOWN BELOW

Name and Address of Business

SCHEDULE A

		DO NOT WRITE IN THIS SPACE
1. Total Gross Receipts per Federal Return, Form _____	\$ _____	
2. Total Business Deductions per Federal Return _____		
3. Net Business Income per Federal Return _____		
4. ADD items not deductible (Line F, Schedule B) _____		
5. Total (Line 3 plus Line 4) _____		
6. DEDUCT items not subject (Line L, Schedule B) _____		
7. ADJUSTED NET BUSINESS INCOME (Line 5 less Line 6) _____	\$ _____	
8. If Sch. C (Line 4) is used enter here AVERAGE PERCENTAGE _____		
9. NET PROFITS subject to License Fee (Line 7 x Line 8) _____		

Make Check Payable To: City of Carlisle
Mail To: City of Carlisle
107 E. Chestnut St.
Carlisle, KY 40311

10. License Fee at 1% of Line 9 _____	\$ _____
11. Less Credits—MINIMUM PAID <input type="checkbox"/> *ESTIMATE <input type="checkbox"/> _____	
12. Sub-total. (Line 10 minus Line 11) _____	
13. Interest—FOR LATE FILING 8% PER ANNUM + ½% PER MO of Line 12 _____	
14. Penalty—FOR LATE FILING — ½% of Line 12 _____	
15. BALANCE DUE (Lines 12 + 13 + 14) _____	\$ _____
16. If ESTIMATE overpaid indicate Refund <input type="checkbox"/> Credit <input type="checkbox"/> _____	\$ _____

*IF MINIMUM PAID IS MORE THAN LINE 15 NO REFUND OR CREDIT MAY BE TAKEN FOR THAT DIFFERENCE.

SCHEDULE B

NOTE. ADD AND/OR DEDUCT ONLY THOSE ITEMS WHICH ARE INCLUDED IN CALCULATING NET INCOME PER FEDERAL RETURN

ITEMS NOT DEDUCTIBLE --- ADD

A. State or Local taxes based on income _____	
B. Capital Gain _____	
C. Net Operating Loss Deduction _____	
D. Partners' Salaries (attach schedule) _____	
E. Other items (list) _____	
F. TOTAL ADDITIONS (enter on Line 4) _____	

ITEMS NOT SUBJECT --- DEDUCT

G. Interest* _____	
H. Royalties on Patents, Copyrights _____	
I. Dividends _____	
J. Capital Loss _____	
K. Other -- e.g., Alcoholic Bev Net, etc. _____	
(attach schedule)	
L. TOTAL DEDUCTIONS (enter on Line 6) _____	

* EXCLUDABLE if the principal business activity is NOT investments.

SCHEDULE C

Business Allocation Percentage Divide (Col. A) by (Col. B) to obtain decimal

ALLOCATION FACTORS	Column A Carlisle Factor	Column B TOTAL FACTOR	Column C PERCENTAGE
1. Total Gross Business Receipts	\$ _____	\$ _____	%
2. Total Wages, Salaries and Other Personal Service Compensation Paid to Employees	\$ _____	\$ _____	%
3. TOTAL PERCENTS _____			%
4. AVERAGE PERCENTAGE (Line 3 divided by number of percents) _____		Enter on Line 8. _____	%

I hereby certify that the statements made herein and in any supporting schedule are true, correct, and complete to the best of my knowledge.

Return Must
Be Signed

Signature of Individual Preparing Return

Signature of Taxpayer

Date

If receipt is desired, return copy of this form and enclose self-addressed, stamped envelope.

OFFICE HOURS 8:00-5:00 MON.-FRI.

This return must be filed and paid in full on or before APRIL 15, _____, or within 105 days after close of fiscal year, sale, liquidation or transfer.

ORIGINAL

Reconciliation of License Fee Withheld

During Year Ended _____

To Be Filed With The 4th Quarter's Return By January 31, ____ Or With The FINAL
Quarterly Return Of The Closing Of Any Business Either By Sale Or Dissolution

Prepare in Duplicate
Mail Original To:
Remit To:
City of Carlisle
107 E. Chestnut St.
Carlisle, KY 40311

EMPLOYER'S NAME, ADDRESS AND ACCOUNT NUMBER

HOW TO RECONCILE YOUR PAYROLL AND WITHHOLDINGS
Enter under TOTAL PAYROLL the quarterly totals of all compensation paid all employees. Deduct any payments for services performed outside Carlisle and enter balance in SUBJECT PAYROLL column. SUBJECT PAYROLL includes all compensation, i.e., Vacation and Holiday pay, tips and gratuities.

Enter below for each subject employee, the Social Sec. No., name and address, zip code; total compensation paid and amount of Carlisle license fee withheld. Attach additional sheets of this same size if space requirements are inadequate. Employers desiring to submit copies of W2 forms or other type listings which provide the required information may do so in lieu of the listing form below. When submitting W2 forms, complete this reconciliation (Form OLF-2A) and submit it with the W2s. An adding machine tape, listing the amount of license fee withheld as indicated by individual employee's statements, should be attached.

TOTAL PAYROLL

SUBJECT PAYROLL

LICENSE FEE WITHHELD

1. 1st Quarter ended Mar. 31.....\$		\$		X 1 % =	\$	
2. 2nd Quarter ended June 30.....				X 1 % =		
3. 3rd Quarter ended Sept. 30.....				X 1 % =		
4. 4th Quarter ended Dec. 31.....				X 1 % =		
5. TOTAL ALL QUARTERS.....\$		\$			\$	
6. Actual withholdings remitted for the year on Form OLF-2.....					\$	
7. Difference between lines 5 and 6 (if any, check applicable block below).....					\$	

- ☐ Minor difference attributable to fractional variations only (no adjustment due).
☐ Difference indicates insufficient total remittance for year. Check in payment attached.
☐ Difference indicates overpayment not attributable to fractional variations. Full explanation and claim for refund is attached.

8. Number of employees _____

Signature _____

Title _____

Date _____

NAME AND ADDRESS OF EMPLOYEE

Total Earnings For The Year

License Fee Withheld



APPLICATION

TO THE CITY OF CARLISLE, KENTUCKY FOR AN OCCUPATIONAL LICENSE

Make Check Payable to: City of Carlisle

Mail To: City of Carlisle
107 E. Chestnut Street
Carlisle, KY 40311

Every business or individual subject to the Occupational License Fee is required to complete this application and return it with the total amount due to the City Clerk's Office. The minimum Occupational License Fee will be credited to the annual Occupational License Fee return. The following information will be held in strict confidence:

1. BUSINESS NAME _____

2. OWNER NAME _____

(IF DIFFERENT FROM ABOVE)

3. ADDRESSES (Please complete all addresses applicable - indicate Zip Code and telephone number)

Indicate which address is to be used for mailing purposes by Check mark ☐ Principal Business Location _____ Tel. No. _____
☐ Mailing Address (If different from above) _____ Tel. No. _____

4. ACCOUNTING PERIOD ☐ Calendar Year ☐ Fiscal Year _____ / _____

MONTH DAY

5. STATE TAX IDENTIFICATION NUMBER _____

6. NATURE OF BUSINESS (Please describe your business and its operation, including where and how sales, services, or other activities take place. Include any other pertinent information) _____

7. DATE OPERATION IN CARLISLE _____ / _____ / _____

MONTH

DAY

YEAR

8. DO YOU HAVE OR WILL YOU HAVE EMPLOYEES WORKING IN CARLISLE ☐ Yes ☐ No

Date employment to begin _____ / _____ / _____

MONTH

DAY

YEAR

9. MINIMUM LICENSE FEE \$ **25.00**

10. OTHER INFORMATION _____

I hereby certify that all information and statements herein are true and correct.

DATE: _____

X _____

(SIGNATURE)

CITY OF CARLISLE

107 E. Chestnut Street
Carlisle, KY 40311

EMPLOYEE'S/EMPLOYER'S QUARTERLY RETURN OF LICENSE FEE WITHHELD

Under City Ordinance No. 13, 1994, Effective 1/1/95

I DECLARE, UNDER THE PENALTIES OF PERJURY, THAT THIS RETURN HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT, AND COMPLETE RETURN.

DATE _____ SIGNATURE _____ TITLE _____

Name and Address

1	Total Earnings Paid All Employees
2	Earnings for Services Outside Carlisle
3	Earnings Subject to License Fee
4	Actual Fee Withheld at 1%
5	Penalty 1/2% per month
6	Interest (1% of line 4 per month or fraction thereof)

Account Number	Quarter Ending
	<input type="checkbox"/> MARCH 31, 20__
	<input type="checkbox"/> JUNE 30, 20__
	<input type="checkbox"/> SEPTEMBER 30, 20__
	<input type="checkbox"/> DECEMBER 31, 20__

7	TOTAL \$
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ORIGINAL